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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
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(For use with Form PTO/SB/06)

Application Number: 10/734,609

Filing Date:

Applicant(s):

4-12-05

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend		Indep	Depend	Indep	Depend	Indep	Depend
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3		1		1			53						
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12				1			62						
13		2		2			63						
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Total Indep	3		3				Total Indep						
Total Depend	27		27				Total Depend						
Total Claims			30				Total Claims						